

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/509204

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		2				
13		2				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30	1					
31	1					
32	2					
33						
34						
35						
36						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	2		1			
TOTAL DEP.	36	↔	0	↔		↔
TOTAL CLAIMS	38	↔	0	↔		↔

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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96			
97			
98			
99			
100			
TOTAL IND.		↔	
TOTAL DEP.		↔	
TOTAL CLAIMS		↔	